1264/21

# FORM D



UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

# FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

	61141						
OMB APPROVAL							
OMB Number:	3235-0076						
Expires: April Estimated average	30,2008						
Estimated average	e burden						
hours per respons							

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DA	TE RECEIVED	

Name of Offering ( check if this is an amendment and a Vision Bancshares, Inc. 2005 Offering	name has changed, and indicate change.)	PECEIVED
	Rule 505 Rule 506 Section 4(6)	<b>☑</b> ULOE
A.	BASIC IDENTIFICATION DATA	79
1. Enter the information requested about the issuer		185 49
Name of Issuer ( check if this is an amendment and name Vision Bancshares, Inc.	c has changed, and indicate change.)	
Address of Executive Offices (	Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
6600 McPherson Road, Laredo, Texas 78045		(956) 718-1350
Address of Principal Business Operations (if different from Executive Offices)	(Number and Street, City, State, Zip Code)	Tolephone Number (Including Area Code)
Brief Description of Business	<u> </u>	
Bank holding company		
Type of Business Organization		
	ship, already formed other (p	loase specify): \
Actual or Estimated Date of Incorporation or Organization: Jurisdiction of Incorporation or Organization: (Enter two-lett	Month Year  O 18 O 3 Actual Estimer U.S. Postal Service abbreviation for State add; FN for other foreign jurisdiction)	

#### GENERAL INSTRUCTIONS

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

## - ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

1 of 9

2 7 P. 2			indució (many ny		
2. Enter the information re	equested for the fo	llowing:			
Each promoter of the second control of	the issuer, if the iss	suer has been organized v	within the past five years;		
		=	•		f a class of equity securities of the issuer
			f corporate general and ma	maging partners of	partnership issuers; and
	managing pariner o	f partnership issuers.			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i Macdonald, Douglas G.	if individual)				
Business or Residence Address 3305 Geiberger, Laredo,		Street, City, State, Zip C	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i Cox, Sheryl A.	f individual)			<del></del>	
Business or Residence Addre 208 Green Jay Lane, Lare			odé)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☑ Director	General and/or Managing Partner
Full Name (Last name first, i Brice, Douglas M.	f individual)				
Business or Residence Addre 302 Westmont Drive, Lare	•	•	ode)		
Check Box(cs) that Apply:	Promoter	Beneficial Owner	Executive Officer		General and/or Managing Partner
Full Name (Last name first, i Carranza III, Juan B.	f individual)	· · · · · · · · · · · · · · · · · · ·			
Business or Residence Addres 1423 Palmer Drive, Lares		Street, City, State, Zip Co	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i Norlega, Francisco G.	f individual)				
Business or Residence Addres 8317 Estate Drive, Lared		Street, City, State, Zip Co	ode)	·	
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, il Sames, Richard E.	f individual)		, , , , , , , , , , , , , , , , , , ,		
Business or Residence Addres 121 Crenshaw, Laredo, T		Street, City, State, Zip Co	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if Trautmann, Sr., Steve R.	•				
Business or Residence Addres 102 Kite Circle, Laredo, T		Street, City, State, Zip Co	ode)		

			Notice of the state of the stat		
2. Enter the information i	requested for the fo	llowing:			
=		•	•		
<ul> <li>Each beneficial or</li> </ul>	wner having the pov	ver to vote or dispose, or di	rect the vote or disposition	of, 10% or more of	f a class of equity securities of the issuer.
<ul> <li>Each executive of</li> </ul>	fficer and director o	of corporate issuers and of	corporate general and ma	naging partners of	partnership issuers; and
<ul> <li>Each general and</li> </ul>	managing partner o	of partnership issuers.			
Bitch promoter of the issuer, If the issuer has been organized within the past five years:  Bitch beneficial owner having the power to vote or disposition of, 10% or more of a class of equity securities of the issuer.  Bitch beneficial owner having the power to vote or disposition of, 10% or more of a class of equity securities of the issuer.  Bitch general and managing partners of partnership issuers; and  Bitch general and managing partners of partnership issuers; and  Bitch general and managing partners of partnership issuers;  Check Box(es) that Apply:   Promoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Partners  Full Name (Last name first, if individual)  Velle, Jr., Carlos  Business or Residence Address (Number and Street, City, State, Zip Code)  Sch 2 Atla Mara, Laredo, Texasor 76040  Check Box(es) that Apply:   Promoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Partners  Pull Name (Last name first, if individual)  Susiness or Residence Address (Number and Street, City, State, Zip Code)  Check Box(es) that Apply:   Promoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner  Full Name (Last name first, if individual)  Susiness or Residence Address (Number and Street, City, State, Zip Code)  Check Box(es) that Apply:   Promoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner  Full Name (Last name first, if individual)  Full Name (Last name first, if individual)					
Full Name (Last name first, Vela, Jr., Carlos	if individual)				
		Street, City, State, Zip Co	de)		-
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	land
Full Name (Last name first,	if individual)			<u> </u>	
Business or Residence Address	ess (Number and	Street, City, State, Zip Co	d¢)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	<b>□</b>
Full Name (Last name first,	ifindividual)	-			
Business or Residence Addre	ess (Number and	Street, City, State, Zip Co	de)		<u>, , , , , , , , , , , , , , , , , , , </u>
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	<b>□</b>
Full Name (Last name first,	if individual)				
Business or Residence Addre	ess (Number and	Street, City, State, Zip Co	de)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	
Full Name (Last name first.	if individual)				
Business or Residence Addre	ess (Number and	Street, City, State, Zip Co	de)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	terminal control contr
Full Name (Last name first, i	if individual)			**************************************	
Business or Residence Addre	ess (Number and	Street, City, State, Zip Co.	de)		1 73/10/10
Check Box(es) that Apply:	Promater	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)			<u> </u>	
Business or Residence Addre	SS (Number and	Street, City, State, Zip Co-	de)		
	(Use blan	nk sheet, or copy and use a	idditional copies of this sl	neet, as necessary)	

						<u> </u>	UNIV.						
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l.	nas ini	: issuct soi	a, or does t			n Appendix				_	***************		<b>X</b>
2.	What is	the minim	um idvett			• •		_				s	
٠.	17 11 (12 12	s the mann	icin mycau		- 777 00 2000	pwa nom	wity individ	, , , , , , , , , , , , , , , , , , ,	******************			Yes	No
3.	Does th	e offering	permit Join	t ownersh	ip of a sing	gle unit?	•••••••	···	********		••••••		
4.	commis If a pers or state:	ssion or sim son to be lis s, list the na	i lar remuné ited is an as	ration for sociated por decrees or de	solicitation erson or age caler. If me	of purchas ent of a brok ore than fiv	ers in conn ker or deale e (5) perso	ection with tregistere ns to be list	sales of se d with the S led are asso	curities in ( SEC and/or	lirectly, any the offering: with a state sons of such	<b>:</b>	
Ful	l Name (	Last name	first, if ind	ividual)									
Bus	iness or	Residence	Address (N	lumber and	d Street, C	ity, State, 2	Zip Code)	<u> </u>		<del></del>			
Nar	ne of As	sociated B	oker or De	aler					,		4.7		
Star	es in Wh	ich Person	Listed Ha	s Solicited	or Intends	to Solicii	Purchasers						
	(Check	"All States	" or check	individual	States)	•••••	•••••••					[] Aì	1 States
	AL IL MT RL	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WY	GA MN OK WI	HI MS OR WY	MO PA PR
Full	Name (	Last name	first, if ind	ividual)									* · · · · · · · · · · · · · · · · · · ·
Bus	iness or	Residence	Address (1	Number an	d Street, C	ity, State,	Zip Code)				· ···		
Nan	ne of Ass	ociated Br	oker or De	aler		· · · · · · · · · · · · · · · · · · ·	<u> </u>						
Stat	es in Wh	ich Person	Listed Has	Solicited	or intends	to Solicit	Purchasers						
	(Check	"All States	" or check	individual	States)			*************	************	· > • • • • • • • • • • • • • • • • • •	~·····································	☐ AJ	l States
	AL IL MT RI	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	ME NY VT	DE MD NC VA	DC MA ND WA	PL MI OH WV	GA MN OK WI	HI MS OR WY	MO PA PR
Full	Name (	Last name	first, if indi	vidual)									
Bus	iness or	Residence	Address (?	vumber an	d Street, C	ity, State, 2	Zip Code)					<u>-</u>	
Nan	ne of Ass	ocieted Br	oker or Des	aler									
Stat	es in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit l	Purchasers						P
	(Check	"All States	" or check	individual	States)		,	<b>/</b> · 144**11	••••••		<del></del>	☐ Ali	l States
	AL IL MT RI	AK IN NE SC	AZ IA NV SD	AR KS NII TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	MO PA PR

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt\$		s
	Equity		
	Common Preferred		
	Convertible Securities (including warrants)		s
	Pertnership Interests		
	Other (Specify 5		
	Total	3,658,800.00	\$ 3,658,800.00
	Answer also in Appendix. Column 3, if filing under ULOE.		V
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number	Aggregate Dollar Amount
		investors	of Purchases
	Accredited Investors		s 3,658,800.00
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	·	Type of	Doller Amount
	Type of Offering	Security	Sold
	Rule 505		\$ 0.00
	Regulation A		\$ 0.00
	Rule 504		\$ 0.00
	Total		\$ 0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		§ 1,500.00
	Legal Fees		s 19,000.00
	Accounting Fees		\$ 5,000.00
	Engineering Fees	-	\$
	Sales Commissions (specify finders' fees separately)		\$
	Other Expenses (identify)		\$
	Total		c 25,500.00

	b. Enter the difference between the aggregat and total expenses furnished in response to Par proceeds to the issuer."	t C — Question 4.a. This differer	nce is the "adjusted gross		<u>3,633,300.</u> 00
5.	Indicate below the amount of the adjusted greach of the purposes shown. If the amount check the box to the left of the estimate. The proceeds to the issuer set forth in response	for any purpose is not known, it total of the payments listed must o	furnish an estimate and equal the adjusted gross		
				Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees		······································	\$	. 🗆 s
	Purchase of real estate			\$	
	Purchase, rental or leasing and installation of and equipment	of machinery		\$	. []\$
	Construction or leasing of plant buildings a	nd facilities	.,,,	\$	. 🗀 \$
	Acquisition of other businesses (including to offering that may be used in exchange for the issuer pursuant to a merger)	ne assets or securities of another		\$	_ 🗆 \$
	Repayment of indebtedness	••••	.,,	\$	\$ 433,300.00
	Working capital			\$	
	Other (specify): Additional capital for subs			\$	S 3,200,000.00
				s	,s
	Column Totals			\$ <u>0.00</u>	<b>☑</b> \$ <u>3,633,300.0</u> 0
	Total Payments Listed (column totals added	)		Ø s <u>³.</u>	633,300.00
				yer bede	
igi	e issuer has duly caused this notice to be signed nature constitutes an undertaking by the issuer information furnished by the issuer to any no	to furnish to the U.S. Securities	and Exchange Commissi	on, upon writte	
221	uer (Print or Type)	Signature,	DE	ite /	
Vis	sion Bancshares, Inc.	Janalon G.	Vacdonold	1/2/	06
lsl	me of Signer (Print or Type)	Title of Signer (Print or			
•	iglas G. Macdonald	President			

- ATTENTION -

		ESTENCE OF THE SECOND		
ι.	Is any party described in 17 CFR 230.262 presently subject provisions of such rule?	•	Yes	No □
	See Appendix, Co	flumn 5, for state response.		
2.	The undersigned issuer hereby undertakes to furnish to any D (17 CFR 239.500) at such times as required by state law	-	ed a no	tice on Form
3.	The undersigned issuer hereby undertakes to furnish to the issuer to offerees.	state administrators, upon written request, information	מועל ווס	ished by the
4.	The undersigned issuer represents that the issuer is familia limited Offering Exemption (ULOE) of the state in which to f this exemption has the burden of establishing that these	his notice is filed and understands that the issuer claim		
	suct has read this notification and knows the contents to be true a authorized person,	ind has duly caused this notice to be signed on its behalf	by the	undersigned
-	(Print or Type)  Bancshares, Inc.	S G Macdoneld Date 1/2/2	16	
Vame (P	(Print or Type) Title (Print			
Douglas	las G. Macdonald President			

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

2 1 3 4 5 Disqualification under State ULOE Type of security and aggregate Intend to sell (if yes, attach Type of investor and amount purchased in State (Part C-Item 2) offering price explanation of to non-accredited waiver granted) offered in state investors in State (Part B-Item 1) (Part C-Item 1) (Part E-Item 1) Number of Number of Accredited Non-Accredited Investors Investors Yes No State Yes No Amount Amount AL ΑK ΑZ AR ÇA CO CT DÉ DC FL GA Ш ID IL IN lΑ KS KY LA ME MD MA MI MN MS

3 2 4 Disqualification under State ULOE Type of security Intend to sell and aggregate (if yes, attach to non-accredited offering price Type of investor and explanation of investors in State offered in state amount purchased in State waiver granted) (Part E-Item 1) (Part B-Item 1) (Part C-Item 1) (Part C-Item 2) Number of Number of Non-Accredited Accredited State Yes No Investors Investors No Amount Amount Yes МО MT NE NV NH NJ NM NY NC ND ОН OK OR PA RI SC SD TN \$3,658,800 Common stock : \$12.00 per share 53 -0-\$-0-TX UT VT ٧A WA wv WL

1	Type of security and aggregate to non-accredited investors in State (Part B-Item 1)  Type of security and aggregate offering price offered in state (Part C-Item 1)		4  Type of investor and  amount purchased in State  (Part C-Irem 2)				5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)			
State	Yes	No		Number of Accredited Investors	Атоипt	Number of Non-Accredited Investors	Amount	Yes	No	
WY										
PR										